Beyond evidence-based policy vs. policy-based evidence arguments: reflections from the messy world of drug policy.

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Background

• **UKDPC** - a charitable, independent body, funded 2007-12

  “Our aim has been to show how independent scrutiny of evidence can produce both better results and value for money.”

• **Scope/definitions**
  
  – Policy process has many facets:
    • eg development, implementation, review.
    • eg strategic, day-to-day decision-making
    Here policy encompasses all of these.

  – Evidence is of many different types:
    • eg empirical, observational, experiential, anecdotal.
    • eg clinical, epidemiology, sociology, criminology.
    Here evidence = research evidence.
This presentation will…

• Highlight the complexity of the relationship between evidence and policy illustrated from UKDPC work in the area of drug policy.
• Draw some general lessons for improving the research/policy interface.
• Discuss the implications for those seeking to promote the use of evidence in policy and for the evidence-based policy / policy-based evidence debate.
The uses of evidence in policy…

Beyond ‘what works’ - an essential tool for:

• describing the problem/issue
• understanding the problem
• identifying possible solutions
• checking if a possible solution is effective
  – whether objectives achieved?
  – is it value for money?
  – does it work for everyone?
  – is it better than alternatives?
  – can it be done better?
Need to recognise...

- Evidence
  - Is not static/set in stone;
  - Can be complex and hard to access;
  - Is often equivocal and disputed;
  - Takes time to obtain.

- Policy-making
  - Cannot ignore values/morals;
  - Needs public support (need for acceptable narrative);
  - Needs to evolve and try new things;
  - Is impacted on by other wider contextual factors.

“...what the politicians are looking for is some sense of certainty and the academics, quite rightly of course, can’t offer that ….”

“...there’s no shortage of alleged experts in this field and they all disagree with each other … and they all believe whatever they’re doing is working. So …one constraint … is the lack of a one true path.”

“...drug policy is a debate-free zone in which there’s almost a fear … to debate views that are in any way at loggerheads with the prevailing view, led by the press…”

“It’s normally … give us money and in three or four years’ time we’ll have conducted this longitudinal study and we may … have some evidence to give you.”
A broader view of evidence-policy linkage

Framework for considering evidence transfer:

- General climate or context
- Research supply (knowledge building/creation)
- Policy & practice demand (knowledge application)
- Linking supply and demand (knowledge mediation)

Opportunities for action

• Developing a more supportive climate
  – Commitment to use of evidence in policy-making eg Government guidance
  – Bodies that challenge poor use of evidence eg UK Statistics Authority, Full fact / getstats / Sense About Science
  – De-politicisation eg short term cross-party commissions of enquiry / transferring decision-making to an independent body eg Monetary Policy Commission
  – Engaging the public - tackling stigma & public attitudes

• Knowledge building
  – Increased resources for research eg use of seized assets; funders initiatives.
  – Coordination of research effort & plugging gaps - institutions; networks like European Network on Illicit Drugs (ERANID); informal eg multidisciplinary conferences
  – Building research capacity eg core funding of drug research centres
Opportunities for action

• Increasing demand for evidence
  – Incorporating evidence use into training, competency frameworks and performance assessment.
  – Financial levers, eg US OMB requirement for RCT evidence for programme support; PbR
  – Ease of accessibility of evidence eg simple summaries of findings & reviews by researchers; ‘translation’ for practitioners (eg Skills Consortium, Drug & Alcohol Findings; trade press); Organisations (eg NICE, ‘What works’ centres)

• Building links between research and policy
  – Specific organisations/structures eg Statutory bodies (eg Canadian Centre for Substance Misuse); Third sector (eg UK Drug Policy Commission); Academic Networks (eg Scottish Public Health Research Network); Advocacy, membership, lobbying organisations
  – Other mechanisms for interaction eg Secondments; conferences; advisory bodies
Concluding thoughts

- Recognise complexity in both evidence & policy-making – beyond evidence-based to evidence-infused/imbued.

- A strategic approach to knowledge-building to address fragmentation, imbalance and persistent gaps – a recognised leadership function ⇒ drive, championing all disciplines, co-ordination.

- Exploiting policy windows & opportunities

- Knowledge building & transfer needs collaboration – Relationship building important – Intermediaries useful – Tension/conflict with challenge function
Concluding thoughts

• Need more attention to wider range of evidence users.
  – People affected by drugs, general public, the media, key influencers.

• Internet and social media – opportunity or threat
  – New opportunities for dissemination
  – Need to develop new mechanisms for grading & filtering

• Evaluation, accountability & scrutiny – often neglected
  – Engendering a learning culture – carrots and/or sticks?
  – Financial austerity an opportunity for evidence – need for VfM
  – Localism and other re-organisations: +ve or –ve?
And finally...

• Need to accept the inevitability & value of tensions
  – Research does add value to policy and practice in a multitude
    of ways and there are many ways this value can be increased
  BUT
  – different roles need different people/organisations
  – values also matter and other sorts of evidence
  AND
  – we need to scrutinise efforts to improve evidence use for
    effectiveness and vfm too.
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